

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90040 044 ****61.25

DOCUMENT # N19556

1. Entity Name
**SANDPIPER GOLF & COUNTRY CLUB PROPERTY
OWNER'S ASSOCIATION, INC.**



Principal Place of Business

**5883 MALLARD DR
LAKELAND, FL 33809 US**

Mailing Address

**5883 MALLARD DR
LAKELAND, FL 33809 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2847260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGERE, DAVID
6271 PEACOCK RUN
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name **Clawson Kenneth**

Street Address (P.O. Box Number is Not Acceptable)
5840 mallard Drive

City **Lakeland**

FL

Zip Code
33809

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth Clawson **Kenneth Clawson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OSBORNE, JAMES P**
STREET ADDRESS **5717 MALLARD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **VD** ☐ Delete
NAME **KELTER, RICHARD**
STREET ADDRESS **5969 GROUSE DR**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **P** ☒ Delete
NAME **LEGERE, DAVID**
STREET ADDRESS **6271 PEACOCK**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **TD** ☒ Delete
NAME **SMITH, FLOYD**
STREET ADDRESS **6093 KITTIWAKE DR**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **SD** ☐ Delete
NAME **HOFFMAN, CAROL**
STREET ADDRESS **6036 SEAGULL**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.D** ☒ Change ☐ Addition
NAME **Kelter, Richard**
STREET ADDRESS **6313 Egnet Drive**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **President** ☐ Change ☐ Addition
NAME **Clawson, Kenneth**
STREET ADDRESS **5840 mallard Drive**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **VP** ☐ Change ☐ Addition
NAME **McClure, Albert**
STREET ADDRESS **6078 Sandpipers Drive**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **George Rushford**
STREET ADDRESS **1062 Parakeet Trail**
CITY-ST-ZIP **Lakeland, FL 33809**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Clawson **Kenneth Clawson** **4/16/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #